SCAN Classic (HMO) offered by SCAN Health Plan

Annual Notice of Change for 2027

You're enrolled as a member of SCAN Classic.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in SCAN Classic.
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.scanhealthplan.com or call Member Services at 1-855-650-7226 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Member Services at 1-855-650-7226 (TTY users call 711) for more information. Hours are 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday. We are closed on most federal holidays. When we are closed you have an option to leave a message. Messages received on holidays and outside of our business hours will be returned within one business day. This call is free.
- We can also give you information for free in large print, braille, audio recording, or other alternate formats if you need it.

About SCAN Classic

- SCAN Classic (HMO) is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.
- When this material says "we," "us," or "our," it means SCAN Health Plan. When it says "plan" or "our plan," it means SCAN Classic.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in SCAN Classic.** Starting January 1, 2027, you'll get your medical and drug coverage through SCAN Classic. Go to Section 2 for more information about how to change plans and deadlines for making a change.

H1822-001
Y0057_SCAN_22700_2027_M

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1 for details.	$0	**$0**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	$2,000	**$2,000**
Primary care office visits	$0 copayment per visit.	**$0 copayment per visit.**
Specialist office visits	$0 copayment per visit.	**$0 copayment per visit.**
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	$75 copayment per day for days 1-5 and $0 copayment per day for days 6 and beyond.	**$75 copayment per day for days 1-5 and** **$0 copayment per day for days 6 and beyond.**
Part D drug coverage (Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible $0	**Part D drug coverage deductible** **$0**

	2026 (this year)	2027 (next year)
	Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $7 per prescription (*Standard cost-sharing* 30-day supply) $0 per prescription (*Preferred cost-sharing* 30-day supply) • Drug Tier 2: $15 per prescription (*Standard cost-sharing* 30-day supply) $0 per prescription (*Preferred cost-sharing* 30-day supply)	**Copayment/Coinsurance during the Initial Coverage Stage:** • **Drug Tier 1: $7 per prescription (*Standard cost-sharing* 30-day supply)** **$0 per prescription (*Preferred cost-sharing* 30-day supply)** • **Drug Tier 2: $15 per prescription (*Standard cost-sharing* 30-day supply)** **$0 per prescription (*Preferred cost-sharing* 30-day supply)**

	2026 (this year)	2027 (next year)
	• Drug Tier 3: $47 per prescription for other drugs (*Standard cost-sharing* 30-day supply) You pay no more than $35 per month supply of each covered insulin product on this tier. (*Standard cost-sharing* 30-day supply) $42 per prescription for other drugs (*Preferred cost-sharing* 30-day supply) You pay no more than $35 per month supply of each covered insulin product on this tier. (*Preferred cost-sharing* 30-day supply) • Drug Tier 4: 35% of the total cost (*Standard cost-sharing* 30-day supply) 35% of the total cost (*Preferred cost-sharing* 30-day supply)	• **Drug Tier 3:** **$47 per prescription for other drugs (*Standard cost-sharing* 30-day supply)** **You pay no more than $35 per month supply of each covered insulin product on this tier. (*Standard cost-sharing* 30-day supply)** **$42 per prescription for other drugs (*Preferred cost-sharing* 30-day supply)** **You pay no more than $35 per month supply of each covered insulin product on this tier. (*Preferred cost-sharing* 30-day supply)** • **Drug Tier 4:** **35% of the total cost (*Standard cost-sharing* 30-day supply)** **35% of the total cost (*Preferred cost-sharing* 30-day supply)**

	2026 (this year)	2027 (next year)
	• Drug Tier 5: 33% of the total cost (*Standard cost-sharing* 30-day supply) 33% of the total cost (*Preferred cost-sharing* 30-day supply) Catastrophic Coverage Stage: • During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.	• **Drug Tier 5:** **33% of the total cost (*Standard cost-sharing* 30-day supply)** **33% of the total cost (*Preferred cost-sharing* 30-day supply)** **Catastrophic Coverage Stage:** • **During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$0	**$0**

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$2,000	**$2,000** **Once you've paid $2,000 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.**

Section 1.3 Changes to the Provider and Pharmacy Networks

Our network of providers has changed for next year. Review the 2027 *Provider & Pharmacy Directory* at www.scanhealthplan.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2027 *Provider & Pharmacy Directory* at www.scanhealthplan.com to see which pharmacies are in our network.

Here's how to get an updated *Provider & Pharmacy Directory*:

- Visit our website at www.scanhealthplan.com.
- Call Member Services at 1-855-650-7226 (TTY users call 711) to get current provider or pharmacy information or to ask us to mail you a *Provider & Pharmacy Directory*.

We can make changes to the hospitals, doctors, specialists (providers), and pharmacies that are part of our plan during the year. If a mid-year change in our providers or pharmacies affects you, call Member Services at 1-855-650-7226 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Acupuncture services (routine/ Non-Medicare-covered)	$10 copayment for each visit for up to 20 visits per year. Combined with chiropractic services.	**$20 copayment for each visit for up to 10 visits per year. Combined with chiropractic services.**
Care Memory Assistance Program (Care MAP)	$0 copayment per call.	**Care Memory Assistance Program (Care MAP) is not covered.**
Chiropractic services (routine/ Non-Medicare-covered)	$10 copayment for each visit for up to 20 visits per year. Combined with acupuncture services.	**$20 copayment for each visit for up to 10 visits per year. Combined with acupuncture services.**

	2026 (this year)	2027 (next year)
Dental services (routine/non-Medicare-covered)	You have a comprehensive $3,000 allowance through DentaQuest with in and out-of-network benefits that includes maxillofacial prosthetics and implants. You pay a $0 copayment for in-network comprehensive services. Frequency limitations may apply and vary based upon service up to the allowance amount every year (subject to prior authorization, limitations, and exclusions).	**In-Network Only** **Your dental benefit includes a $3,000 calendar year maximum for plan covered comprehensive dental services through a new partner: NationsDental. This benefit offers in-network only coverage.** **Diagnostic and Preventive Services: $0 copayment** **Comprehensive Services: $0 copayment** **This plan does not cover all dental services. There is no coverage for maxillofacial prosthetics or implants.** **Frequency limitations apply and vary based upon the dental service. Please see your *Evidence of Coverage* for additional details on plan covered dental services, limitations and exclusions, and prior authorization requirements.**
FlexEssentials Card - Over-the-counter (OTC) items	You are covered for up to $150 per quarter for over-the-counter items with the FlexEssentials card. Unused balances will rollover each quarter.	**You are covered for up to $30 per quarter for over-the-counter items with the FlexEssentials card. Unused balances will not rollover.**

	2026 (this year)	2027 (next year)
Hearing services (routine/non-Medicare covered) - Hearing aids	$350 copayment per aid for a TruHearing Advanced hearing aid or an $650 copayment per aid for a TruHearing Premium hearing aid every 12 months.	**$550 copayment per aid for a NationsHearing Basic hearing aid or an $950 copayment per aid for a NationsHearing Prime hearing aid every 12 months.**
In-Home Care	$0 copayment for up to 80 hours of personal in-home care services per year.	**$0 copayment for up to 40 hours of personal in-home care services per year.**
Included Communities	$0 copayment for access to Included Communities services.	**Included Communities services are not covered.**
Meals (home-delivered) - Post-acute meals - Chronic-condition meals	$0 copayment for up to 4 weeks (84 meals) of post-acute meals and up to 4 weeks (84 meals) of chronic condition meals per year.	**$0 copayment for up to 3 weeks (63 meals) of post-acute meals and up to 3 weeks (63 meals) of chronic condition meals per year.**
Part B Drugs	Part B Drugs are not subject to Step Therapy requirements.	**Select Part B Drugs may be subject to Step Therapy requirements. To get more information, review Chapter 4 of your *Evidence of Coverage*. Step Therapy is a utilization tool that requires you to first try another drug to treat your medical condition before we'll cover the drug your physician may have initially prescribed.**

	2026 (this year)	2027 (next year)
Technology Support Benefit	$0 copayment for technology support services through the HEALTH*tech* benefit.	**$0 copayment for technology support services through Best Buy Health Tech. Please see your *Evidence of Coverage* for more details.**
Transportation (routine)	$0 copayment for up to 54 one-way rides per year (50-mile limit each way).	**$0 copayment for up to 10 one-way rides per year (50-mile limit each way).**
Vision Services (routine/Non-Medicare-covered) - Eyewear	You are covered up to $300 for routine eyewear every year.	**You are covered up to $100 for routine eyewear every year. An additional $50 is available through certain providers. Please see your *Evidence of Coverage* for more details.**

Section 1.5 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is posted online at www.scanhealthplan.com.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier**.

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out

your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-855-650-7226 (TTY users call 711) for more information.

Section 1.6 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you**. We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, 2026, call Member Services at 1-855-650-7226 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***Stage 1: Yearly Deductible***

  We have no deductible, so this payment stage doesn't apply to you.

- ***Stage 2: Initial Coverage***

  In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out-of-pocket costs reach $2,400.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	**Because we have no deductible, this payment stage doesn't apply to you.**

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; or at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1: Preferred Generic	*Standard cost-sharing:* You pay $7. Your cost for a one-month mail-order prescription is $7. *Preferred cost-sharing:* You pay $0. Your cost for a one-month mail-order prescription is $0.	***Standard cost-sharing:*** **You pay $7.** **Your cost for a one-month mail-order prescription is $7.** ***Preferred cost-sharing:*** **You pay $0.** **Your cost for a one-month mail-order prescription is $0.**
Tier 2: Generic	*Standard cost-sharing:* You pay $15. Your cost for a one-month mail-order prescription is $15. *Preferred cost-sharing:* You pay $0. Your cost for a one-month mail-order prescription is $0.	***Standard cost-sharing:*** **You pay $15.** **Your cost for a one-month mail-order prescription is $15.** ***Preferred cost-sharing:*** **You pay $0.** **Your cost for a one-month mail-order prescription is $0.**

	2026 (this year)	2027 (next year)
Tier 3: Preferred Brand	*Standard cost-sharing:* You pay $47 for other drugs. You pay $35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is $47. *Preferred cost-sharing:* You pay $42 for other drugs. You pay $35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is $42.	***Standard cost-sharing:*** **You pay $47 for other drugs.** **You pay $35 per month supply of each covered insulin product on this tier.** **Your cost for a one-month mail-order prescription is $47.** ***Preferred cost-sharing:*** **You pay $42 for other drugs.** **You pay $35 per month supply of each covered insulin product on this tier.** **Your cost for a one-month mail-order prescription is $42.**
Tier 4: Non-Preferred Drug	*Standard cost-sharing:* You pay 35% of the total cost. Your cost for a one-month mail-order prescription is 35% of the total cost. *Preferred cost-sharing:* You pay 35% of the total cost. Your cost for a one-month mail-order prescription is 35% of the total cost.	***Standard cost-sharing:*** **You pay 35% of the total cost.** **Your cost for a one-month mail-order prescription is 35% of the total cost.** ***Preferred cost-sharing:*** **You pay 35% of the total cost.** **Your cost for a one-month mail-order prescription is 35% of the total cost.**

	2026 (this year)	2027 (next year)
Tier 5: Specialty Tier	*Standard cost-sharing:* You pay 33% of the total cost. Your cost for a one-month mail-order prescription is 33% of the total cost. *Preferred cost-sharing:* You pay 33% of the total cost. Your cost for a one-month mail-order prescription is 33% of the total cost.	***Standard cost-sharing:*** **You pay 33% of the total cost.** **Your cost for a one-month mail-order prescription is 33% of the total cost.** ***Preferred cost-sharing:*** **You pay 33% of the total cost.** **Your cost for a one-month mail-order prescription is 33% of the total cost.**

SECTION 2 How to Change Plans

To stay in SCAN Classic, you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our SCAN Classic.

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from SCAN Classic. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with Medicare separate drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from SCAN Classic.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll or visit our website to disenroll online at www.scanhealthplan.com. Call Member Services at 1-855-650-7226 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227).

Section 2.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 2.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage

- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 3 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
    - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
    - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Arizona Department of Health Services - AIDS Drug Assistance Program (ADAP), 150 N. 18th Ave., Phoenix, AZ 85007. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-800-334-1540 or 1-602-364-3610. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027. You do not need to submit a new election request to continue

participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-866-845-1803 (TTY users call 1-800-716-3231) or visit Medicare.gov.

SECTION 4 Questions?

Get Help from SCAN Classic

- **Call Member Services at 1-855-650-7226. (TTY users call 711.)**

  We're available for phone calls 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday. We are closed on most federal holidays. When we are closed you have an option to leave a message. Messages received on holidays and outside of our business hours will be returned within one business day. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for SCAN Classic. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.scanhealthplan.com or call Member Services at 1-855-650-7226 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.scanhealthplan.com**

  Our website has the most up-to-date information about our provider network (*Provider & Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Arizona, the SHIP is called Arizona State Health Insurance Assistance Program (SHIP).

Call Arizona State Health Insurance Assistance Program (SHIP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Arizona State Health Insurance Assistance Program (SHIP) at 1-800-432-4040. Learn more about Arizona State Health Insurance Assistance Program (SHIP) by visiting azship.org.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2027***

  The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Notice of Non-Discrimination and Accessibility

Discrimination is against the law

SCAN Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (as defined in 45 CFR § 92.101(a)(2)). **SCAN Health Plan** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCAN Health Plan:

- Provides reasonable modifications and free aids and services to people with disabilities to ensure effective communication with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact SCAN Health Plan Member Services between 8 am to 8 pm, 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 am to 8 pm Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day) by calling a number listed below.

SCAN Member Services	
SCAN Health Plan (California)	1-800-559-3500
SCAN Health Plan (Arizona)	1-855-650-7226
SCAN Health Plan (Nevada)	1-855-827-7226
SCAN Health Plan (Oregon)	1-988-746-4712
SCAN Health Plan (Texas)	1-855-844-7226
SCAN Health Plan (Washington)	1-833-944-7226
SCAN DaVita Dialysis plans	1-800-399-7226
TTY: 711	

Filing a complaint

If you believe that SCAN Health Plan has not provided these services or has otherwise discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: **Peter Yanez, Civil Rights Coordinator, Attn: Grievance and Appeals Department, P.O. Box 22644, Long Beach, CA 90801-5644, 562) 989-5140, or FAX (562) 989-0958.** You can file a grievance in person or by mail, or fax. If you need help filing a grievance, **Peter Yanez, Civil Rights Coordinator**, is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the OCR Complaint Portal, available at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019, TDD 1-800-537-7697

Complaint forms are available at: http://www.hhs.gov/ocr/office/file/index.html

English - ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-650-7226 (TTY: 711) or speak to your provider.

Spanish - ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-650-7226 (TTY: 711) o hable con su proveedor.

Simplified Chinese - 中文 - 注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-855-650-7226（文本电话：711）或咨询您的服务提供商。

Traditional Chinese - 台語

注意：如果您說台語，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-855-650-7226（TTY：711）或與您的提供者討論。」

Korean – 한국어 - 주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-855-650-7226(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Vietnamese - Việt - LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-855-650-7226 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Arabic

العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-855-650-7226 (711) أو تحدث إلى مقدم الخدمة.

French - ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-650-7226 (TTY: 711) ou parlez à votre fournisseur.

Tagalog - PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-650-7226 (TTY: 711) o makipag-usap sa iyong provider.

German - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-855-650-7226 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Hindi - हिंदी - ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-650-7226 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Japanese - 日本語 - 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-855-650-7226（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

Farsi

فارسي

توجه: اگر وارد کردن زبان صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-855-650-7266 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Russian – РУССКИЙ - ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-650-7226 (TTY: 711) или обратитесь к своему поставщику услуг.

Telugu – తెలుగు - సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాక్సెస్ చేయగల ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-855-650-7226 (TTY: 711)కి కాల్ చేయండి లేదా మీ ప్రొవైడర్‌తో మాట్లాడండి.

Portuguese - ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-855-650-7226
(TTY: 711) ou fale com seu provedor.

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